

# Comments Summary Report

*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic: Minerals**

**Comment ID:** 002074

**Submission Date:** 07/15/2010

**Organization Type:** Educational Institution

**Organization Name:** Harvard School of Public Health

**First Name:** Walter

**Last Name:** Willett, MD, DrPH

**Job Title:** Chair, Dept of Nutrition; Fredrick John Stare Professor of Epidemiology and Nutrition

**Key Topic:** Carbohydrates, Fats, Food Groups, Minerals, Other, Vitamins

**Sub Topic:** Added sugars, B Vitamins, Calcium, Folate, Grains, Whole grains, Meat, Beans, Eggs, Fish, and Nuts, Milk, Vitamin D, Whole grains

**Attachment:** Y

**Comment:** The report has made positive changes but has some shortcomings (see attachment). Positive changes: stronger recommendation to reduce sugary beverages; greater emphasis on sodium reduction; and much less emphasis on the percentage of energy from total fat, which is correctly described as not related to weight gain, obesity, or any other major health outcome. Shortcomings: (1) Total fat is still recommended to be less than 35% of calories, and there is no basis for setting an upper limit on total fat. (2) The recommendation for three servings of milk per day is not justified and is likely to cause harm to some people. Prospective studies and randomized trials have consistently shown no relation between milk intake and fracture risk, yet many studies have shown a relation between high milk intake and risk of fatal or metastatic prostate cancer. (3) The recommendation for high intake of lean meat is worrisome: There is substantial evidence that high heme iron intake may increase diabetes risk; red meat consumption has been associated with incidence of colorectal cancer; and there is some data that red meat consumption during adolescence and early adult life is associated with higher risks of premenopausal breast cancer in women. (4) The report seems relatively silent on vitamin D, even though there is strong evidence that blood levels are not optimal for 2/3 of Americans. Vitamin D supplementation is probably the safest way to increase levels, and it has been shown to reduce risk of fractures in randomized trials if the dose is 700 IU per day or more. (5) The report does not reinforce adequately the CDC recommendation that women of reproductive age who might possibly become pregnant should take a supplement of folic acid, which is most conveniently done as part a multiple vitamin. (6) The report still suggests that having half of grains as refined grains is healthy. Refined grains have adverse metabolic effects and provide many empty calories and minimal benefits.

**Comment ID:** 002076

**Submission Date:** 07/15/2010

**Organization Type:** Educational Institution

**Organization Name:** Harvard School of Public Health

**First Name:** Meir

**Last Name:** Stampfer, MD, DrPH

**Job Title:** Professor of Nutrition and Epidemiology

**Key Topic:** Carbohydrates, Fats, Food Groups, Minerals, Vitamins

**Sub Topic:** Added sugars, B Vitamins, Calcium, Folate, Grains, Whole grains, Iron, Meat, Beans, Eggs, Fish, and Nuts, Milk, Other, Sodium, Vitamin D, Whole grains

**Attachment:** Y

**Comment:** The report has made positive changes but has some shortcomings (see attachment). Positive changes: stronger recommendation to reduce sugary beverages; greater emphasis

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on sodium reduction; and much less emphasis on the percentage of energy from total fat, which is correctly described as not related to weight gain, obesity, or any other major health outcome. Shortcomings: (1) Total fat is still recommended to be less than 35% of calories, and there is no basis for setting an upper limit on total fat. (2) The recommendation for three servings of milk per day is not justified and is likely to cause harm to some people. Prospective studies and randomized trials have consistently shown no relation between milk intake and fracture risk, yet many studies have shown a relation between high milk intake and risk of fatal or metastatic prostate cancer. (3) The recommendation for high intake of lean meat is worrisome: There is substantial evidence that high heme iron intake may increase diabetes risk; red meat consumption has been associated with incidence of colorectal cancer; and there is some data that red meat consumption during adolescence and early adult life is associated with higher risks of premenopausal breast cancer in women. (4) The report seems relatively silent on vitamin D, even though there is strong evidence that blood levels are not optimal for 2/3 of Americans. Vitamin D supplementation is probably the safest way to increase levels, and it has been shown to reduce risk of fractures in randomized trials if the dose is 700 IU per day or more. (5) The report does not reinforce adequately the CDC recommendation that women of reproductive age who might possibly become pregnant should take a supplement of folic acid, which is most conveniently done as part a multiple vitamin. (6) The report still suggests that having half of grains as refined grains is healthy. Refined grains have adverse metabolic effects and provide many empty calories and minimal benefits.

**Comment ID:** 002094

**Submission Date:** 07/15/2010

**Organization Type:** Educational Institution

**Organization Name:** Human Nutrition, Food, & Animal Sciences, Univ of Hawaii

**First Name:** Joannie

**Last Name:** Dobbs

**Job Title:** Assistant Specialist

**Key Topic:** Minerals

**Sub Topic:**

**Attachment:** Y

**Comment:** We write this comment to stress the need to use appropriate criteria to determine which foods should be included in the lists of nutrient food sources. Foods incorporated into these lists should be based on known data and when possible make note of nutrient bioavailability and variability in nutrient content of the food item. In our experience, consumers use these nutrient lists to make food decisions, increasing the responsibility to provide lists as representative and reliable as possible.

Please see the attached file for our full comments.

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*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic: Minerals**

**Comment ID:** 002042

**Submission Date:** 07/15/2010

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Brie

**Last Name:** Turner-McGrievy, PhD, MS, RD

**Job Title:** Postdoctoral Fellow

**Key Topic:** Food Groups, Minerals, Protein

**Sub Topic:** Iron

**Attachment:** N

**Comment:** Thanks to the Dietary Guidelines Committee for their hard work on a very detailed report. I would like to encourage the committee to refer to the American Dietetic Association's Position Paper on Vegetarian Diets (source: Craig WJ, Mangels AR. J Am Diet Assoc. 2009;109(7):1266-82), which provides an excellent scientific summary on the benefits of and issues with consuming a plant-based diet. In particular, the Committee states that "Vegans have particularly low intakes of vitamin B12, iron and calcium. It is possible to consume complementary plant proteins and have an adequate intake of protein, but education is needed on how to design adequate diets." (Part D: Section 4: Protein) Research has shown that vegetarians and vegans are no more likely to have iron deficiency anemia than non-vegetarians. (source: Ball MJ, et.al. Am J Clin Nutr. 1999;70:353-358.) In our research, we have found that people transitioning to a completely vegan diet had a greater intake of iron than those consuming an omnivorous therapeutic diet. We also found no differences in changes in zinc or calcium intake--although all participants (regardless of diet) in our study fell short of the DRI for calcium intake and women on both diets fell short on zinc intake. (sources: Turner-McGrievy GM, et. al. J Am Diet Assoc. 2008;108:1636-1645. & Turner-McGrievy GM, et. al. Nutrition. 20;9:738-46.) . Therefore, education on how to design adequate diets is important no matter the dietary pattern a person consumes. Finally, the requirement to consume complementary plant proteins is an outdated concept. Please see the ADA's position paper on vegetarian diets which states "complementary proteins do not need to be consumed at the same meal."

**Comment ID:** 001016

**Submission Date:** 06/16/2010

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Fredric

**Last Name:** Reichel

**Job Title:** M.D.

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** N

**Comment:** 1500 mg/day of sodium is an extreme and unrealistic recommendation, as this is what is usually ordered for in-hospital patients with congestive heart failure. For individuals with heart disease or poorly-controlled hypertension, 1500 mg. might be appropriate, but for the normal healthy adult, is unnecessarily restrictive, and would be impossible to achieve without giving up many desirable foods.

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*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic:** Minerals

**Comment ID:** 001034

**Submission Date:** 06/17/2010

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:**

**Last Name:**

**Job Title:**

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** N

**Comment:** I applaud the new guideline which lowers the recommended maximum daily intake of salt to 1,500 mg. The issue of way too much sodium in processed foods have been a great concern to me. It is difficult to find products on the store shelves that are low in sodium.

I urge food companies to begin to lower sodium levels in their products this year and continue to do so until the recommended maximum level is met.

Since fewer people are cooking their meals from scratch and whence can easily control the amount of salt added to recipes, it is important for packaged convenience foods contain substantially less sodium.

There are a few companies providing healthy choices, such as Post which is to be commended for its Shredded Wheat with Bran cereal and Kashi for its Heart to Heart crackers for no or low sodium levels.

**Comment ID:** 001048

**Submission Date:** 06/18/2010

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Deb

**Last Name:** Racette

**Job Title:** dietitian

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** N

**Comment:** With the present food supply in the US, trying to obtain only 1500 mg of sodium will be difficult for people. Also, how palatable can we make a 1500 mg sodium diet.

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*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic:** Minerals

**Comment ID:** 001168

**Submission Date:** 06/24/2010

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Susan

**Last Name:** Hayne

**Job Title:**

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** Y

**Comment:** Thank you for reducing the recommended sodium amount to 1500mg. I have been following a restricted sodium diet for two years and am in better health now than in all my adult life. Eating fresh vegetables and seriously reducing the amount of processed foods in my diet have helped me to lose over 150 lbs. and eliminated an adult lifetime of high blood pressure. Please hold strong to your sodium recommendation and do not be influenced by a food industry wanting to protect profits with unhealthy consequences for the American public.

**Comment ID:** 002057

**Submission Date:** 07/15/2010

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Sarah

**Last Name:** Eisenhower

**Job Title:** Dietitian

**Key Topic:** Minerals

**Sub Topic:** Calcium

**Attachment:** N

**Comment:** Dear USDA and HHS,

Thank you for the opportunity to comment on the DGAC's report ? an impressive body of literature, no doubt. However, I must take exception with the findings on calcium, specifically the total dependence on cow's milk for dietary calcium intake.

In the DGAC report, vegetable sources of calcium are described as having ?limited calcium bioavailability? and although ?[s]ome plant foods contribute calcium that is well absorbed, ?the large quantity of these plant foods that would be needed to provide the equivalent amount of calcium found in 8 ounces of fluid milk may be unachievable for many.? [Part D, Section 2, Nutrient Adequacy] However, this is not the case.

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There are several dark-green leafy vegetables that contain significant amounts of bioavailable calcium. Weaver and Plawecki summarized in a review article that approximately 1 cup of turnip greens or 1.5 cups of Chinese cabbage or mustard greens would provide the bioavailable calcium equivalent of 8 ounces of fluid milk. This does not sound ?unachievable? as a replacement for 1 or 2 cups of milk or milk equivalents.

In addition, dark-green leafy vegetables such as kale, turnip greens, broccoli, and Brussels sprouts also supply dietary fiber, vitamin C, iron, potassium, vitamin A, and other key nutrients.

Thank you for the opportunity to comment. I wish the USDA and HHS the best of luck in crafting a policy document from this enormous body of work.

Sarah Ann Eisenhower, MS, RD, LD

Reference: Weaver CM, Plawecki KL. Dietary calcium: adequacy of a vegetarian diet. Am J Clin Nutr. 1994;59 (suppl):1238S-1241S.

**Comment ID:** 001009

**Submission Date:** 06/16/2010

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Perry

**Last Name:** Ambrose

**Job Title:** Nutritionist

**Key Topic:** Minerals, Vitamins

**Sub Topic:** B Vitamins, Folate, Vitamin A and Carotenoids, Vitamin C, Vitamin D, Vitamin E

**Attachment:** N

**Comment:** I am interested in how you came to the conclusion that ?a daily multivitamin/mineral supplement does not offer health benefits to healthy Americans." I counsel people on nutrition daily and those who have a substandard diet yet take a high quality multi vitamin and mineral supplement report improved quality of life with very few exceptions. Inferior supplements such as "One a Day" and Centrum fail to provide the same beneficial results. I hope you have controlled studies to support your claims and they evaluated the better quality products.

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*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic: Minerals**

**Comment ID:** 001078

**Submission Date:** 06/22/2010

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:**

**Last Name:**

**Job Title:**

**Key Topic:** Minerals, Vitamins

**Sub Topic:**

**Attachment:** N

**Comment:** Your advice is a good start. However, people need to figure out what works for them. If someone is low on energy, they should do a blood test to see if they are deficient in: iron, potassium, Vitamin B12, or Vitamin D and find foods and/supplements that have what they need. If they have hypothyroidism, they should find foods that contain iodine. If they have high blood sugar, they should find foods that are on the low glycemic index. If they have a tendency to get a lot of colds, they should load up on Vitamin C and Zinc. You should also make it clear for what levels toxicity begins in vitamins and minerals. I think many people are under the impression that the RDA is the upper level of what they need. But for example, it is okay for healthy individuals to get 2000 mg of Vitamin C daily, and if you have a weak immune system, 4000mg of Vitamin C during periods when you might get a cold is a good idea. For deficiencies, it is almost impossible to get the required nutrient(s) in food alone. A supplement is helpful to get higher amounts of what you need.

**Comment ID:** 001973

**Submission Date:** 07/15/2010

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Mary

**Last Name:** Litchford PhD, RD, LDN

**Job Title:** Registered Dietitian

**Key Topic:** Minerals, Vitamins

**Sub Topic:** B Vitamins, Calcium, Folate, Potassium, Vitamin D

**Attachment:** Y

**Comment:** I am concerned that Americans do not meet needs for calcium, potassium vitamins D, B12, and folic acid currently. Deficiencies are more likely in plant based diet proposed by Guidelines. Why discourage use of vitamin mineral supplements? This is one way to ensure key nutrients are met.

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*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic: Minerals**

**Comment ID:** 001999

**Submission Date:** 07/15/2010

**Organization Type:** Industry Association

**Organization Name:** American Meat Institute

**First Name:** Betsy

**Last Name:** Booren

**Job Title:** Director, Scientific Affairs

**Key Topic:** Eating Patterns, Energy Balance/Physical Activity, Evidence-based Review Process, Fluid and Electrolytes, Food Groups, Food Safety, Minerals, Nutrient Density/Discretionary Calc, Other, Protein, Vitamins

**Sub Topic:** B Vitamins, Folate, Iron, Meat, Beans, Eggs, Fish, and Nuts, Other, Potassium, Sodium, Vitamin A and Carotenoids, Weight loss, Weight maintenance, Zinc

**Attachment:** Y

**Comment:** See attached document for AMI comments.

**Comment ID:** 002106

**Submission Date:** 07/15/2010

**Organization Type:** Industry Association

**Organization Name:** Soyfoods Association of North America

**First Name:** Nancy

**Last Name:** Chapman

**Job Title:** Executive Director

**Key Topic:** Eating Patterns, Evidence-based Review Process, Fats, Food Groups, Minerals, Nutrient Density/Discretionary Calc, Protein, Vitamins

**Sub Topic:**

**Attachment:** Y

**Comment:** The Soyfoods Association of North America suggests that in translating the Scientific Report from the Dietary Guidelines Advisory Committee into policy and consumer documents, that DHHS and USDA consider the following suggestions:

1. Distinguish soy products/soyfoods separately from ?cooked dry beans and peas and seeds/nuts.?
2. Recognize that soy protein is comparable to animal protein in protein quality, based on the widely recognized methodology, Protein Digestibility Corrected Amino Acid Score (PDCAAS).
3. Highlight the nutritional adequacy and high-quality protein value of soyfoods.
4. Support further research on the health benefits of plant-based diets and soyfoods in relation to heart disease, weight management and diabetes prevention.
5. Create a consumer brochure that balances simple text with menu tables, graphics and other visuals which captivates, motivates and displays to consumers how to incorporate more plant-based foods into their daily diets.



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*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic: Minerals**

**Comment ID:** 002108

**Submission Date:** 07/15/2010

**Organization Type:** Industry Association

**Organization Name:** National Pork Producer Council

**First Name:** Sam

**Last Name:** Carney

**Job Title:** President

**Key Topic:** Eating Patterns, Evidence-based Review Process, Food Groups, Minerals, Nutrient Density/Discretionary Calc, Protein, Vitamins

**Sub Topic:** B Vitamins, Meat, Beans, Eggs, Fish, and Nuts, Potassium

**Attachment:** Y

**Comment:** Although it agrees with the Dietary Guidelines Advisory Committee that obesity is the No. 1 public health concern and that Americans need to eat more fruits and vegetables, the National Pork Producers Council is concerned with the committee's recommendation that Americans consume only "moderate" amounts of lean meat.

The problem with the American diet is not over-consumption of lean meat, which provides key nutrients not available from plant-based proteins and which studies show can aid in weight loss, it is over-consumption of empty calories ? foods filled with added sugars and solid fats that provide little nutritional value.

Lean meat is a nutrient-rich source of lean protein with unique attributes not offered by plant proteins, and extensive peer-reviewed research supports a clear role for protein in the form of lean meat as a key part of the solution to the obesity epidemic.

**Comment ID:** 002069

**Submission Date:** 07/15/2010

**Organization Type:** Industry Association

**Organization Name:** Snack Food Association

**First Name:** Christopher

**Last Name:** Clark

**Job Title:** Vice President, Operations & Membership

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** N

**Comment:** The Snack Food Association (SFA) welcomes the opportunity to comment on the 2010 Report of the Dietary Guidelines Advisory Committee (DGAC). SFA is the international trade association of the snack food industry representing snack manufacturers and suppliers.

The following comments provide an opportunity for the snack industry to share our views on sodium and potassium in the diet. Studies indicate that reduced consumption of salt

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coupled with increased potassium intake can prevent the onset of hypertension.[1] SFA supports a voluntary and gradual reduction of sodium in the food supply. A gradual approach allows for product reformulation and innovation, while still meeting consumer taste expectations and acceptability. According to NHANES data, snack foods contribute 4% of total sodium intake in the diets of Americans. Despite perception, most snack products are no higher in sodium than other foods (breads, cereals, and processed meats). Potato chips are actually quite low in comparison with an average serving having on average 150 mg of sodium (soup, cereal, bread or processed meats can have 500-2,300 mg). SFA cautions that the DGAC may have overly emphasized the need to reduce sodium in the diet from 2,300mg to 1,500mg per day. Rather, the focus should be placed on the need to balance sodium with potassium in the diet. A diet rich in potassium helps to counterbalance some of sodium's harmful effects on blood pressure. At present, dietary intake of potassium by all groups in the United States is considerably lower than the AI.[2] Snack products can provide a range of 3-10% of the daily requirement for potassium.

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[1] <http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=10925>

[2] [http://www.nap.edu/openbook.php?record\\_id=10925&page=187](http://www.nap.edu/openbook.php?record_id=10925&page=187)

The food industry understands the challenges of too much dietary sodium and has embarked upon reduction efforts even though snacks are not the biggest contributor.

**Comment ID:** 002058

**Submission Date:** 07/15/2010

**Organization Type:** Industry Association

**Organization Name:** United Natural Products Alliance

**First Name:** Loren

**Last Name:** Israelsen

**Job Title:** Executive Director

**Key Topic:** Minerals, Other, Vitamins

**Sub Topic:**

**Attachment:** Y

**Comment:** see attached

# Comments Summary Report

*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic: Minerals**

**Comment ID:** 001761

**Submission Date:** 07/13/2010

**Organization Type:** Nonprofit/Voluntary

**Organization Name:** The Vegetarian Resource Group

**First Name:** Reed

**Last Name:** Mangels, PhD, RD, LDN, FADA

**Job Title:** Nutrition Advisor

**Key Topic:** Eating Patterns, Minerals, Protein

**Sub Topic:** Calcium, MyPyramid

**Attachment:** Y

**Comment:** We commend the DGAC for their emphasis on plant-based diets and for the much more extensive discussion of vegetarian diets compared to previous reports. Our comments reflect some areas that we are concerned about including the emphasis on combining proteins, information on plant sources of calcium and on fracture risk with vegan diets, the need for more specific information on foods to avoid/limit, and the food group plan.

**Comment ID:** 001980

**Submission Date:** 07/15/2010

**Organization Type:** Nonprofit/Voluntary

**Organization Name:** Meals on Wheels of Texas

**First Name:** Celeste

**Last Name:** Carpenter, MS, RD, LD

**Job Title:** Dietitian, Meals on Wheels, Christian Senior Services

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** N

**Comment:** The Position of the Meals On Wheels Association of Texas on the Dietary Guidelines for Americans 2010

The Meals on Wheels Association of Texas (MOWAT), in theory and in practice, supports the objectives and direction of the Dietary Guidelines for Americans 2010. They are lofty goals aimed at promoting optimal health and wellness. It is the association's position that the objectives of seven percent of calories coming from saturated fat and 1500 mg sodium per day will be difficult to apply to the American diet and, more specifically, to the menus produced by Texas home-delivered meal programs without the support of the food industry and the development of new cost-effective food products to meet these two objectives.

Compliance with the guidelines requires the food industry to reduce sodium and saturated fat in its products, reduce portion sizes of products while increasing the availability of nutrient-dense foods at an economical price. It also requires the food industry to develop new products that are substantially lower in sodium, saturated fat and calories without adding a substance that is as detrimental as the item it is replacing, e.g.: replacing sodium with fat or high fructose corn syrup.

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Our meal programs must rely on the food industry products. We feed thousands of older adults and individuals with disabilities in our programs and want to provide them the best quality available. However, without the help of government to influence food manufacturers, it will be very difficult for home-delivered meal programs to meet the lofty objectives of reducing fat and sodium.

**Comment ID:** 002154

**Submission Date:** 07/15/2010

**Organization Type:** Nonprofit/Voluntary

**Organization Name:** The Peanut Institute

**First Name:** Pat

**Last Name:** Kearney

**Job Title:** Program Director

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** Y

**Comment:** We recognize and understand that one goal of the committee is to help reduce the increasing rate of hypertension among Americans. We acknowledge that promoting a reduction in dietary sodium intake may help achieve this goal.

We strongly request, however, that the wording of the above statement be adjusted to avoid no misinterpretation. The vast majority of studies conducted on nuts and peanuts used salted peanuts and show strong health effects. The current wording infers that salted nuts are inherently unhealthy.

Many common foods contain more salt than peanuts. Two slices of white bread and whole wheat bread, for example, contain 340mg and 264mg of sodium, respectively, while 1-ounce of dry-roasted peanuts have only 230mg (2). This amount of sodium from peanuts may even be less because the majority of salt falls off from the peanuts before ingestion.

Many commonly acceptable snacks also contain more salt than salted peanuts. One ounce of pretzels, 2 ounces of popcorn, and 1 box of children's animal crackers, for example, contain 385mg, 438mg, and 273mg of salt, respectively. In addition, these snacks are not as satiating as peanuts or as nutrient dense as peanuts. Peanuts provide the long-lasting energy needed to perform well throughout the day and contain many of the hard-to-get vitamins and minerals that are missing in the American diet such as protein, folate, magnesium, and healthy fats.

Epidemiological and clinical studies all have also shown an association between peanut consumption and a reduce risk of hypertension, heart disease, diabetes, obesity, and cancer. These studies did not discriminate between peanut forms, but rather examined a variety of peanut forms and processing including salted, roasted, peanut butter, and etc. Of the most recent studies, McKiernan and colleague specifically examined different forms of peanuts on plasma lipid levels and body weight. They used salted peanuts, unsalted peanuts, and peanut butter with all showing a reduction in total cholesterol, LDL-C, and triglycerides. (2) Other studies used similar peanut forms and found similar results.

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*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic:** Minerals

**Comment ID:** 002145

**Submission Date:** 07/15/2010

**Organization Type:** Nonprofit/Voluntary

**Organization Name:** The Peanut Institute

**First Name:**

**Last Name:**

**Job Title:**

**Key Topic:** Minerals, Vitamins

**Sub Topic:** Other, Vitamin E

**Attachment:** Y

**Comment:** Peanuts and Peanut Butter have a very high nutrient adequacy rating ? a truly affordable, accessible, and well- liked by people of all ages and cultures. In numerous studies, peanuts eaters have been shown have better diets and lower body mass index.

**Comment ID:** 002047

**Submission Date:** 07/15/2010

**Organization Type:** Nonprofit/Voluntary

**Organization Name:** Council for Responsible Nutrition

**First Name:** Andrew

**Last Name:** Shao

**Job Title:** Sr. VP, Scientific & Regulatory Affairs

**Key Topic:** Minerals, Vitamins

**Sub Topic:**

**Attachment:** Y

**Comment:** See attachments.

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*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic:** Minerals

**Comment ID:** 002049

**Submission Date:** 07/15/2010

**Organization Type:** Nonprofit/Voluntary

**Organization Name:** Council for Responsible Nutrition

**First Name:** Andrew

**Last Name:** Shao

**Job Title:** Sr. VP Scientific & Regulatory Affairs

**Key Topic:** Minerals, Vitamins

**Sub Topic:**

**Attachment:** Y

**Comment:** See attachments.

**Comment ID:** 002111

**Submission Date:** 07/15/2010

**Organization Type:** Other

**Organization Name:** Missouri Association of Area Agencies on Aging

**First Name:** Catherine

**Last Name:** Edwards, Ph.D.

**Job Title:** Executive Director

**Key Topic:** Carbohydrates, Food Safety, Minerals

**Sub Topic:** Other, Sodium

**Attachment:** N

**Comment:** While we applaud the DGA's Committee recommendation to lower sodium intake to 1,500 mg per day, we ask government agencies to be mindful that in the senior centers, due to funding cutbacks, this may be difficult to achieve, as the centers must rely on canned vegetables (shelf stability) and prepared items (labor costs) both of which are higher in sodium. Also, with homebound seniors, it is necessary to use frozen meals (food safety) which makes lowering the sodium content and offering fresh vegetables, etc. difficult. Further, while we agree with the recommendation that the focus on carbohydrates be on whole grains, vegetables, fruits, and beans, the State has added an extra bread serving and fruit serving as required items here. We believe the centers should have the flexibility to offer another vegetable as the extra carb. Finally, for many of our poor seniors the meal they receive at the center or at their home is the only meal they get in a day. So it is important to be flexible on the caloric range allowed for these meals. Often the senior will split the meal into two or three to last for a day. We would ask that policy makers keep these things in mind as they draft guidelines and regulations.

Respectfully submitted,  
Missouri Association of Area Agencies on Aging

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**Key Topic: Minerals**

**Comment ID:** 000996

**Submission Date:** 06/16/2010

**Organization Type:** Other

**Organization Name:**

**First Name:** shirley

**Last Name:** ekvall

**Job Title:** Ph.D.,RD,LD

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** N

**Comment:** I was surprised not to see more information on the level of sodium suggested as presented by the IOM recently. It has changed from 2400 mg/day to 1500mg/day. This should be spelled out and more emphasis placed on it in the Dietary Guidelines. This is long overdue. Please add or correct. Important!

**Comment ID:** 001185

**Submission Date:** 06/24/2010

**Organization Type:** Other

**Organization Name:**

**First Name:** Jan

**Last Name:** Slama

**Job Title:** retired

**Key Topic:** Minerals, Vitamins

**Sub Topic:**

**Attachment:** N

**Comment:** Overall, I think the direction the USDA (U.S. Department of Agriculture) and the HHS (Department of Health and Human Services) are taking with revising the dietary guidelines for Americans is a good one. I can get on board with their recommendations to lower sodium, fat and sugar intakes and to eat more fresh fruits and vegetables.

But there is one phrase, pointed out by the Natural Products Association (NPA), that should concern us all: "...a daily multivitamin/mineral supplement does not offer health benefits to healthy Americans."

?When less than 25 percent of the U.S. population eats the recommended serving of five fruits and vegetables daily, how are Americans to get the vitamins and minerals they need?? says NPA Executive Director and CEO John Gay. ?Advice to cut off a reliable and safe nutrition source, such as a daily multivitamin, doesn't seem logical or responsible.?

It seems as if the writers of the draft released this week, which will become the 2010 Dietary Guidelines for Americans after it is finalized later this year, specifically targeted the nutritional health supplement industry. One group (the food producers represented by the USDA) is telling Americans not to buy the products of another group (the vitamins and

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**Key Topic: Minerals**

health supplements industry). Sounds like marketing. Which is fine. But marketing is different than guiding.  
Please be a GUIDE, not a lap dog for the medical profession.  
Jan

**Comment ID:** 001115

**Submission Date:** 06/23/2010

**Organization Type:** Other

**Organization Name:**

**First Name:** Courtney

**Last Name:** Kost

**Job Title:** Internet Proofreader

**Key Topic:** Minerals, Vitamins

**Sub Topic:**

**Attachment:** N

**Comment:** Your statement that "healthy Americans" won't benefit from a multivitamin/mineral supplement is misleading. Ideally, one would get the right nutrition from a healthy diet, but how many Americans actually do that? It would be more accurately worded as:

"...a daily multivitamin/mineral supplement can offer health benefits to Americans who are not yet achieving optimum nutrition from their daily diets."

**Comment ID:** 002056

**Submission Date:** 07/15/2010

**Organization Type:** Professional Association

**Organization Name:** Snack Food Association

**First Name:** James

**Last Name:** McCarthy

**Job Title:** President & CEO

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** N

**Comment:** The Snack Food Association (SFA) welcomes the opportunity to comment on the 2010 Report of the Dietary Guidelines Advisory Committee (DGAC). SFA is the international trade association of the snack food industry representing snack manufacturers and suppliers.

The following comments provide an opportunity for the snack industry to share our views on sodium and potassium in the diet. Studies indicate that reduced consumption of salt coupled with increased potassium intake can prevent the onset of hypertension.[1] SFA supports a voluntary and gradual reduction of sodium in the food supply. A gradual approach allows for product reformulation and innovation, while still meeting consumer taste expectations and acceptability. According to NHANES data, snack foods contribute



# Comments Summary Report

*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic: Minerals**

4% of total sodium intake in the diets of Americans. Despite perception, most snack products are no higher in sodium than other foods (breads, cereals, and processed meats). Potato chips are actually quite low in comparison with an average serving having on average 150 mg of sodium (soup, cereal, bread or processed meats can have 500-2,300 mg). SFA cautions that the DGAC may have overly emphasized the need to reduce sodium in the diet from 2,300mg to 1,500mg per day. Rather, the focus should be placed on the need to balance sodium with potassium in the diet. A diet rich in potassium helps to counterbalance some of sodium's harmful effects on blood pressure. At present, dietary intake of potassium by all groups in the United States is considerably lower than the AI.[2] Snack products can provide a range of 3-10% of the daily requirement for potassium.

The food industry understands the challenges of too much dietary sodium and has embarked upon reduction efforts even though snacks are not the biggest contributor.

[1] <http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID>

[2] [http://www.nap.edu/openbook.php?record\\_id=10925&page=187](http://www.nap.edu/openbook.php?record_id=10925&page=187)

**Comment ID:** 001531

**Submission Date:** 07/09/2010

**Organization Type:** Professional Association

**Organization Name:** AAFCS

**First Name:** Angela

**Last Name:** Oleszko

**Job Title:** FACS Teacher

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** N

**Comment:** As both a teacher and working in food service, it is pathetic to see so many obese children and adults that consistently eat foods that are too full of salt, sugar and "empty calories." Having a new dietary guideline that is on the low side for salt would be a great change because it would help reduce the risk of heart disease in the country and also the urge for families to purchase beverages (namely soda or energy drinks) that are consumed after eating such salty foods. Allowing frozen dinners and packaged foods to contain as much salt as they do is a crime!

# Comments Summary Report

*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic: Minerals**

**Comment ID:** 002019

**Submission Date:** 07/15/2010

**Organization Type:** Professional Association

**Organization Name:** National Association of Chronic Disease Directors CVH Council

**First Name:** Margaret

**Last Name:** Casey

**Job Title:** Public Health Consultant

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** Y

**Comment:** The National Association of Chronic Disease Directors (NACDD) is a national public health organization for chronic disease program directors in each U.S. state and territory. The Cardiovascular Health (CVH) Council is a sub-group of NACDD, and its members include the CVH program managers and staff from all state health departments. Hypertension prevention, treatment and control are a major focus for these state programs.

Given that Black, middle-aged, and older adults now make up 70% of the U.S. population and are at higher risk for hypertension, the CVH Council supports the recommendation of a sodium intake of 1,500 mg per day for the general population. We believe the evidence is clear that such a reduction of dietary sodium would result in a healthy lowering of blood pressure levels for both adults and children. Such a reduction would have major public health benefits, especially in decreasing morbidity and mortality related to hypertension.

We appreciate the bold stance the Dietary Guidelines for Americans Committee has taken by recommending changes to policy and the environment, to make it easier for Americans to eat healthfully and to be physically active. Individuals cannot make improvements in their diets without significant changes in the food supply, especially a reduction in sodium. The argument that healthy eating is a personal choice is only true if there are healthy options from which to choose. This is not now the case.

We recommend that the Department of Health and Human Services, and the United States Department of Agriculture, support mandatory, gradual reduction in sodium in processed and restaurant foods, as recommended by the Institute of Medicine. We urge the Departments to accept the recommendations of the Dietary Guidelines for Americans Committee, especially those relating to improving the food supply and the food environment.

# Comments Summary Report

*Submission Date Between 06/15/2010 and 07/30/2010*

**Key Topic:** Minerals

**Comment ID:** 001361

**Submission Date:** 07/06/2010

**Organization Type:** State/Local Government Agency

**Organization Name:** New Jersey Dept Health and Senior Services

**First Name:** Perry

**Last Name:** Cohn

**Job Title:** Research Scientist

**Key Topic:** Minerals

**Sub Topic:** Sodium

**Attachment:** N

**Comment:** Thank you for giving me an opportunity to comment on Dietary Guidelines for Americans.

Some sodium restriction diets require as little as 500-1000 mg/day. It can be difficult to attain the restricted levels. Therefore, the contribution from water can be a significant contributor. The water concentration corresponding to 10% of a 1000 mg/day diet is 50 mg/L or 100 mg/L, based on 2L/day or 1 L/day tap-water consumption, respectively. According to the Contaminant Candidate List Preliminary Regulatory Determination Support Document for Sodium (USEPA, 2001), 8% of the U.S. population served by groundwater in community water systems receives water with >120 mg/L of sodium. Sodium in private potable wells probably has a similar distribution of concentration. Based on this, Dietary Guidelines for Americans should advise doctors and patients to find out the sodium levels in their tap water. Community water systems are required to test for sodium and can provide the information. Private well owners would have to test their wells. Local or county health departments may also be helpful with information on water quality in community water systems and on general groundwater quality in their area.